

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027589

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 136

FILED AUG 10 1962

## 1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR TOWN CarthageLength of stay in 1b  
65 yrsc. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

McCune-Brooks Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Jasper

c. CITY  
OR TOWN

Carthage

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS(If outside, give location)  
509 CooperReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

JOSEPH

CASWELL

WYATT

4. DATE  
OF DEATH

Month

Day

Year

8

5

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

## 9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

9-27-1876

85

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Insurance Agent

## 10b. KIND OF BUSINESS OR INDUSTRY

Insurance

## 11. BIRTHPLACE (City and state or country)

Jasper County

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

James H. Wyatt

## 13b. MOTHER'S MAIDEN NAME

Margaret Humbard

## 14. NAME OF HUSBAND OR WIFE

Nellie B Allison

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv

no

## 16. SOCIAL SECURITY NO.

17. INFORMANT 544 HARDY Address

A Leroy M Wyatt Independence, Mo

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

*Myocarditis Chronic*INTERVAL BETWEEN  
ONSET AND DEATH*unknown*Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

*Arteriosclerosis Heart Disease*

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)*Reptile ulcer with hemorrhage & infection*PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from *about 1946*, to *8-5-62* and last saw her  
him alive on *8-5-62*  
Death occurred at *August 5* *8:55* p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

## (State)

Burial

8-8-62

Dudman Cemetery

Jasper Co

Mo

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

KNEELIMORTUARY

Carthage, Mo

Aug 7, 1962

Eunice Estreit  
Deputy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO.

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.